

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37913

State File No. _____

Registrar's No. 36

BIRTH NO. _____		REG. DIST. NO. 257		PRIMARY REG. DIST. NO. 5883		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY <u>Osage</u> <u>Linn Twp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Osge</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonnots Mill Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonnots Mill Mo R.D.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>Joseph</u> c. (Last) <u>Perrot</u>				4. DATE OF DEATH <u>11-24-1950</u> (Month) (Day) (Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 29-1868</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>9</u>		11. YEAR <u>5</u>		12. IF UNDER 1 YEAR Hours <u>5</u> Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>		11. BIRTHPLACE (State or foreign country) <u>Bonnots Mill Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Perrot</u>		13b. MOTHER'S MAIDEN NAME <u>Elizebeth PERROX</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Myers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Perrot</u> ADDRESS <u>Bonnots Mill Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>6-21</u> , 19 <u>50</u> , to <u>7-23</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7-23</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. M. Hendry md.</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo</u>		23c. DATE SIGNED <u>11-27-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-28-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bonnots Mill Catholic</u>		24d. LOCATION (City, town, or county) (State) <u>Bonnots Mill Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 29-1950</u>		REGISTRAR'S SIGNATURE <u>235</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Norton</u> ADDRESS <u>Linn Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DEC - 4 1950
DISTRICT HEALTH OFFICE No. 4
File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.

Vernon Morton

Signed.....
Student Embalmer

Licensed Embalmer No.

4125

P. O. Address.

Levin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.